

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <i>09/660 049</i>	FILING DATE <i>09-12-07</i>					
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4	/						54						
5		/					55						
6		/					56						
7		3					57						
8		3					58						
9	/						59						
10	/						60						
11		/					61						
12		/					62						
13		/					63						
14	/						64						
15	/						65						
16	/						66						
17	/						67						
18	/						68						
19		/					69						
20		/					70						
21	/						71						
22		/					72						
23		/					73						
24	/						74						
25		/					75						
26		/					76						
27	/						77						
28	/						78						
29	/						79						
30	/						80						
31	/						81						
32	/						82						
33	/						83						
34	/						84						
35	/						85						
36		/					86						
37		/					87						
38	/						88						
39	/						89						
40	/						90						
41	/						91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46	/						96						
47	/						97						
48	/						98						
49	/						99						
50							100						
TOTAL IND.	28						TOTAL IND.						
TOTAL DEP.	25						TOTAL DEP.						
TOTAL CLAIMS	53						TOTAL CLAIMS						